

NAME OF THE COLLEGE : KANNUR MEDICAL COLLEGE

Date of Assessment		Remarks
Accepted? (YES/NO)		
Name of the Assessor		
Signature of Assessor		

DECLARATION FORM : 2017 – 2018 – RESIDENT (JR)

1.(a) Name.....Dr.JIBI SURESH.....

1.(b) Date of Birth & Age.....25.01.1990/26Y.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~

Number ...FTUPS0508B..... Issued by ... IT.....



Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations, must be in English

1.(d) i. Present Designation :JUNIOR RESIDENT.....

1.(d) ii. Department :OPHTHALMOLOGY.....

1.(d) iii. College :KANNUR MEDICAL COLLEGE.....

1.(d) iv. City :ANJARAKANDY, KANNUR-670612

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment :29.07.2016

1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes

1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes

1.(e) i. Campus Address of Resident : Room No.117 Resident' Quarters KMC Campus,

Anjarakandy Kannur- 670 612

1.(e) ii. Permanent Address of Resident: Krishnakripa, Kadakkad, Pandalam —

Pathanamthitta, Kerala KEECHERIL HOUSE, 3rd N. TUNCTION, PALARIVATTOM

1.(f) Copy of Room Allotment Letter as proof of residence.

KOCHI- 682025, KERALA

Signature of Resident

Signature of Dean

PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 612

- 1.(g) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
Tel (Residence) : (with STD code)
E-mail address : princikmc@gmail.com
Mobile Number: 9946358376
- 1.(h) Date of joining present institution : 08.01.2015... as ...Junior Resident.....
- 1.(i) Joining report at the present institute attached - Yes/No
2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Jubilee Mission MC & Research Institute Thrissur	Calicut	2014	50347 Dated 28.02.2014	TCMC
MD/MS/DNB ()					
DM/M.Ch. ()					

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be furnished within brackets after scoring out whichever is not applicable.

- 2.(a) Copies of Degree certificates of MBBS and PG degree attached - Yes/No
- 2.(b) Copies of Registration of MBBS and PG degree attached Yes/No
3. Details of the previous appointments/experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Ophthalmology	KMC Kannur	08.01.2015	Onwards	1 yrs 11 mths
Senior Resident 1					

4.(a) Before joining present institution I was working at ...NA... asNA... and relieved on .NA..... after resigning (Relieving order is enclosed from the previous institution).

5.I have drawn total emoluments from this college in the current financial year as under:-

	Amount Received
April 2016	43000
May 2016	43000
June 2016	44000
July 2016	44000
August 2016	44000
September 2016	44000
October 2016	44000
November 2016	
December 2016	
January 2017	
February 2017	

DECLARATION

1. I, Dr. Jibi Suresh am working as Resident in the Department of Ophthalmology at Kannur Medical College and do hereby give an undertaking that I am a Regular Resident in Kannur Medical College Campus, and am staying in Room No. 117 in the Residents' Hostel in the college premises.
2. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.
3. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).

SIGNATURE OF THE RESIDENT

Date:

Place: Anjarakandy

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the Resident to the institute and with the concerned institute and have found them to be correct and authentic.
2. I also confirm that Dr. Jibi Suresh is working as Regular Resident (i.e. for 24 hours) and is not practicing or carrying out any other activity and is staying in Room No. 117 of the Residents' Hostel in college premises, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date:

Place:

Signed by the HOD
Professor & HOD
Dept. of Ophthalmology
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 512

Countersigned by the
Director/Dean/Principal

PRINCIPAL
KANNUR MEDICAL COLLEGE
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